REPORT OF ABSENCE

GEORGIA STATE UNIVERSITY
GRADUATE ASSISTANTS

NAME	ID #	LAB EXT.
DEPARTMENT **Biology**	ADVISOR	Advisor's EXT.

PERIOD ABSENT - Inclusive Dates

Leave _____ _____
Departure Return

Reason: _____

_____.

*Leave in excess of one week requires the approval of the APD. Leave in excess of two weeks requires Chair's approval, and subject to a decrease in pay.

STUDENT SIGNATURE _____ Date _____

APPROVALS:

ADVISOR _____ Date _____

AREA PROG. DIRECTOR _____ Date _____

_____
Phang C. Tai, Regent's Professor & Chair

11/03